

**HOLLY HOUSE
CENTER FOR INTEGRATED HEALTHCARE**

SAINT ANTHONY PARK BANK BUILDING
2265 COMO AVENUE, SUITE #202
SAINT PAUL, MINNESOTA 55108
(651) 645-6951 • FAX: (651) 645-6961

Declaration:

I, Patricia L. Lawler a citizen of the United States of America declare in penalty of perjury:

I reside at 9757 Janero Court North, Mahtomedi, MN.

My educational background related to the field of this invention is the study of chiropractic, oriental medicine, nutritional therapies, functional medicine, acupuncture, allergy elimination, neurological post graduate studies, lifestyle management studies and biofeedback studies.

I have the following certifications related to the field of this invention: Doctor of Chiropractic, Naturopathic Physician, Certified Clinical Nutritionist and Board Certified Nutritional Diplomate.

I have been proving medical care and treatment to patients since 1977.

I have reviewed NMT: The Feinberg Technique, teaching the protocols of neuromodulation therapy.

The teachings and protocols taught by NMT: The Feinberg Technique, effectively teach a useful method of neuromodulation therapy as disclosed.

I have personally utilized this method in a useful manner in treating patients.

I believe that the disclosed neuromodulation therapy is useful in the health care field.

I have personally utilized the disclosed therapy to treat patients and offer the following case studies:

CASE STUDY 1

The patient is a 38 year old Caucasian female who was suffering from complaints of vertigo, chronic iritis, decreasing vision, and migrating joint pain. She was examined at our office on May 19, 2004. She had been experiencing these symptoms over the past year. The patient was under the care of her local physician, as well as the Mayo Clinic. In November of 2003 she was diagnosed with multiple lesions in the brain by MRI. Spinal tap was negative. Blood was also negative for autoimmune disease. She refused a Cranial tap. In three more months she was re-examined with a MRI. The lesions had increased in size and number. Of particular concern was a large frontal lobe lesion

posterior to the right eye. The patient was put on a course of Prednizone at that time. At the time of our exam with the patient, the Prednizone had been discontinued due to negative side effects. The patient was quite anxious, fearing blindness, and eventual death from these lesions due to their apparent current growth patterns. Her medical doctors did not see surgery as a viable alternative for her condition. Her prognosis was poor. Current medications included steroid drops for the eyes and Paxil. Her current Rheumatologist was recommending the patient go back on the Prednizone and a new immune suppressant, given the belief this was some sort of unidentifiable autoimmune dysfunction. The patient had decided against these medications.

Treatment with Neuromodulation Technique was begun in early June of 2004. Within two weeks there was reduced inflammation in the patients' eyes and her vision was improving. The migrating musculoskeletal pain was also greatly alleviating. By June 30, 2004, there was no inflammation in the eyes and the chronic musculoskeletal pain was nearly gone. We continued care over the next months, completing Neuromodulation Technique Pathways that had been assessed upon original evaluation.

By September of 2004 the patient was feeling greatly improved and was scheduled for a re-evaluation by MRI. The MRI demonstrated a greatly improved diagnostic picture. The frontal lobe lesion had vastly decreased in size and demonstrated minimal enhancement, unlike, the original studies. The smaller lesions, were stable and no longer growing. The patient's primary care doctor has advised her to continue with her Neuromodulation management at this office since she is doing so much better. Her condition will be monitored again with MRI at a later date. The patient continues to feel better and has shown minimal inflammation of the iris, only occurring rarely with onset of menses.

CASE STUDY 2

Our second case is a 41 year Caucasian female complaining of chronic sinusitis and sinus headache with a low grade chronic fever. The patient has been treated medically in the past with over-the-counter medications and prescriptions, and also with Nasal Flushing. She was examined at our office in October of 2003. Chiropractic adjustment helps her condition but it returns shortly there after. She also complains of severe Premenstrual tension. Treatment was begun with Neuromodulation Technique on her next visit, Oct. 31st. She returned for treatment in early November reporting that following her last treatment her symptoms had resolved nearly 80%. She was thrilled with this since she had been able to take an airline flight without pain and discomfort. By the time she was returning to her treatment, her symptoms were still better but had reduced to a 50% improvement. The patient was treated again with Neuromodulation Technique. By January of 2004 an old peanut allergy that she had failed to mention on her initial examination had been resolved with no remaining allergy.

The patient was last seen July 30, 2004 and reported doing very well. Her sinusitis is gone and so are the headaches. She has no peanut allergy. She also no longer has PMS. The patient will be returning soon for check up.

Case Study 3

Our next case is a 50 year old Caucasian female who was examined at our office on July 15, 2003. This patient had a history of breast cancer and ovarian cancer. She had been treating earlier in the year with chemotherapy (cis-platinum and taxol) for CA125 levels of 120. She had been doing well with the chemo but by the 4th visit she had a severe reaction, including sweating, change in blood pressure and vomiting. She was treated with Benadryl and the chemo was completed. She also began a course of Celebrex. In June she was to begin a trial of anti-Ca125 vaccine at Sloan-Kettering. They discovered, however, that her creatinine was 2.9. She was not able to participate due to this finding. Her nephrologist believed the kidney problem resulted from three issues, the reaction to the cis-platinum, followed by the course of Celebrex, compounded by the use of contrast for the CAT Scan that was done.

As referenced the patient first was seen in our office in July of 2003. She was continuing to feel quite ill all the time, was pale, and felt a "lump in the throat" since the chemotherapy reaction that had not gone away. She also had an annoying metal taste in her mouth as well.

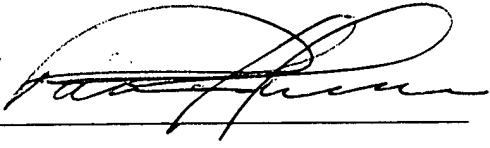
By her third NMT treatment the patient reported that she was feeling much better. By September her cancer markers had been reduced by one half. She also reported that "skin tags" that she had had on her abdomen were falling off and resolving with no scarring. She did, however, retain a metallic taste in her mouth. During the next two months we continued to complete Neuromodulation pathways as indicated from her original examination. In early 2004 the metallic taste in her mouth resolved, she had very good energy and was feeling totally well. Her creatinine levels then normalized indicating good resolution in the kidneys. Her medical doctors had believed that this would not be possible due to her kidney damage.

The patient continues to do very well and be very energetic. All her lab values are normal at this time and she continues to return for 3 month check ups.

CONCLUSIONS

The above results were due to the extremely effective therapy termed Neuromodulation Technique.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S. C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signed:  date: 1/24/05

Printed Name: PATRICIA L. LAWLER DC, CCN, DACBN, NP